## CONFIRMATION OF YOUR PRE-ARRANGED GROUP SKATING PARTY

NAME:		
ADDRESS:		
PHONE:		
DATE OF PARTY:	DAY OF PARTY:	
TIME: TYPE	OF GROUP:	
Thank you very much for your interest in scheduled in the advance with the Ice A skating. Since the Ice Arena is a very byour visit more enjoyable:	n coming to the Beaver County Ice Arena. The party must burena. We hope that you and your group have a great time usy place, we need you to follow a few guidelines to make	е
<ol> <li>It is best to arrive at the Arena at least</li> <li>You must have (10) ten or more skat</li> <li>The group must be stamped at the sa</li> </ol>	ters.	
A \$20 NON-REFUNDABLE CASH	DEPOSIT MUST BE PAID AT TIME OF RESERVATION	
NAME:		
NUMBER OF CHILDREN:	x \$6.00 =	
	x \$7.00 =	
	x \$3.00 =	
	L AMOUNT: \$	
NON-REFUNDA	BLE DEPOSIT: -\$20.00	
TOTAL A	MOUNT DUE: \$	

If you have any questions, please call us at (724)770-2060.

Thank you very much, we appreciate your cooperation.

Beaver County Ice Arena Staff